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CONFIRMATION NO. 8358

<b>SERIAL NUMBER</b> 10/785,405	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 100910.53239US
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## APPLICANTS

Mario Gisbert Carrasco, Madrid, SPAIN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

SPAIN 200300524 09/10/2003

*hamnguyen* 11/07/2006*hamnguyen* 11/07/2006IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
05/14/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>hamnguyen</i> Examiner's Signature	<i>RP</i> Initials			

## ADDRESS

23911

## TITLE

Sanitary coupling for needle and mechanized micropigmentation and tattooing punch.

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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